

Wisconsin Department of Regulation & Licensing

Mail To: P.O. Box 8935
Madison, WI 53708-8935

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Madison, WI 53703
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Website: <http://drl.wi.gov>

DIVISION OF PROFESSIONAL CREDENTIAL PROCESSING

VERIFICATION OF REGISTRATION

Complete only if you are/were licensed in another state

APPLICANT: Complete this section only and forward to the state from which you are requesting certification by a licensing agency/board. Contact certifying state for appropriate fee. You are authorized to photocopy this form as necessary

SECTION I - Applicant is to complete this section and forward form to registration agency that is to complete Section II. Please print or type all information.

Last Name: _____ First Name: _____ MI: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Date of Birth: _____ Type of Credential _____

Original State of Licensure: _____ Credential Number: _____

Indicate type of profession you are applying for: ☐ Salesperson ☐ Broker

I hereby authorize _____ to furnish the Wisconsin Department of Regulation and Licensing
Name of State Licensing Agency or Board
the information requested below.

Printed Name _____ Signature _____ Date _____

SECTION II -

TO BE COMPLETED BY THE LICENSING AGENCY ONLY: *Other forms of Certification will be accepted, provided all applicable information requested on this form is contained in the verification. Completed form MUST be returned directly to the Department of Regulation and Licensing.*

The above named individual was registered as a: ☐ Salesperson ☐ Broker

License Number _____	Date Issued _____	Expiration Date _____	License Status _____
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Basis of Registration
exam, reciprocity, other

Is there now pending or has there ever been any disciplinary action taken against the above-named applicant? ☐ Yes ☐ No
If yes, attach a certified copy of disciplinary action or any pending action.

COMPLETED BY _____ STATE _____

TITLE _____ DATE _____